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BMS PATENT DEPT

NO. 6432 P. 2

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
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23914 7590 04/18/2006

**LOUIS J. WILLE**  
**BRISTOL-MYERS SQUIBB COMPANY**  
**PATENT DEPARTMENT**  
**P O BOX 4000**  
**PRINCETON, NJ 08543-4000**

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                         |                    |
|-------------------------|--------------------|
| <b>Nickki L. Parlet</b> | (Depositor's name) |
| <i>Nickki L. Parlet</i> | (Signature)        |
| <b>July 14, 2006</b>    | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/609,915      | 07/03/2000  | Peter S. Linsley     | 30436.30US12        | 3276             |

**TITLE OF INVENTION:** SOLUBLE CTLA4 MUTANT MOLECULES AND USES THEREOF

| APPLN. TYPE       | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|-------------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional    | NO           | \$1400    | \$0             | \$1400           | 07/18/2006 |
| EXAMINER          |              | ART UNIT  | CLASS-SUBCLASS  |                  |            |
| SPECTOR, LORRAINE |              | 1647      | 424-192100      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev (3-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Audrey Sher**

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Bristol-Myers Squibb Company**

(B) RESIDENCE: (CITY and STATE OR COUNTRY) **Princeton, N.J.**

01 FC:1501

1400.00 DA

02 FC:8001

30.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies **10**

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Nickki L. Parlet*

Date **July 14, 2006**

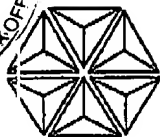
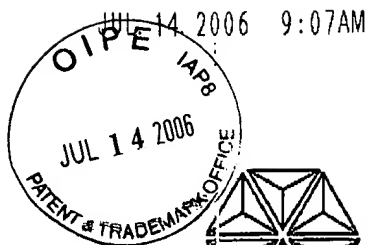
Typed or printed name

**Nickki L. Parlet**

Registration No. **44,996**

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BMS PATENT DEPT

NO. 6432 P. 1

**Bristol-Myers Squibb Company**  
Patent Department

DATE: July 14, 2006

**FACSIMILE TRANSMITTAL SHEET**

**TO:** USPTO – Issue Fee Branch  
**FAX NO.:** (571) 273-2885  
**FROM:** Nickki L. Parlet  
**TELEPHONE NO.:** (609) 252-5170  
**FACSIMILE NO.:** (609) 252-4526  
**RE:** U.S. Application Serial No.: 09/609915  
Our Docket No.: ON0085N / US - CIP [1]  
**Number of Pages:** 4 (including cover sheet)

**CERTIFICATE OF TRANSMISSION VIA FACSIMILE**

I hereby certify that this correspondence, a 1) **Issue Fee Transmittal (1 page)** and 2) **“Fee Address” Indication Form (1 page)** are being facsimile transmitted to the U.S. Patent and Trademark Office, Fax number (571) 273-2885 on July 14, 2006

Nickki L. Parlet

Depositor

Telephone 609-252-5170

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